

PTO/SB/30 (10-01)

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**REQUEST
FOR
CONTINUED EXAMINATION (RCE)
TRANSMITTAL**

Address to:
Commissioner for Patents
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Washington DC 20231

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|-------------------------------|------------------|
| <i>Application Number</i> | 09/412447 |
| <i>Filing Date</i> | 10/4/1999 |
| <i>First Named Inventor</i> | Cain |
| <i>Art Unit</i> | 2141 |
| <i>Examiner Name</i> | Mirza |
| <i>Attorney Docket Number</i> | 2204/144 120-024 |

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. Submission required under 37 CFR 1.114

a. Previously submitted

- Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on 4/26/2004 (Any unentered amendment(s) referred to above will be entered).
- Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
- Other _____

b. Enclosed

| | |
|--|--|
| i. <input type="checkbox"/> Amendment/Reply | iii. <input type="checkbox"/> Information Disclosure Statement (IDS) |
| ii. <input type="checkbox"/> Affidavit(s)/Declaration(s) | iv. <input type="checkbox"/> Other _____ |

2. Miscellaneous

a. Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)

b. Change of Correspondence Address

3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.

a. The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 502569

- RCE fee required under 37 CFR 1.17(e) \$750.00
- Extension of time fee (37 CFR 1.136 and 1.17)
- Other _____

b. Check in the amount of \$ _____ enclosed

c. Payment by credit card (Form PTO-2038 enclosed)

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

| | | | |
|-------------------|---------------|-----------------------------------|-------|
| Name (Print/Type) | David A. Dagg | Registration No. (Attorney/Agent) | 37809 |
| Signature | | Date | |

CERTIFICATE OF MAILING OR FACSIMILE

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, Alexandria, VA 22312 or being facsimile transmitted to the United States Patent and Trademark Office at number (703) 872-9306 on the date below.

| | | | |
|----------------------|--------------------------|------|---------|
| Type or printed name | Carol Ann Mahoncy | Date | 5-24-03 |
| Signature | <i>Carol Ann Mahoncy</i> | | |